



## EuroHealthNet response to EC Communication COM (2005) 0299 Community Strategic Guidelines for Cohesion Policy

### **About us**

EuroHealthNet is the organisation that networks national and regional agencies responsible for policy and practice in health promotion, public health and disease prevention in the EU and associated states. Its mission is to contribute to a healthier Europe with greater equity in health between and within countries.

### **Overview**

EuroHealthNet strongly welcomes the publication by the Commission of strategic guidelines seriously incorporating health needs for the first time in the history of European cohesion policies.

While aware of national or regional initiatives that have utilised structural or cohesion funds, for example in the UK and Portugal, these have been inconsistently applied and isolated initiatives rather than integrated, well disseminated good practices.

Too often strategic health authorities, service providers and practitioners have been excluded from the planning and implementation processes at all levels regarding EU cohesion policies, from Community to national, regional and local.

If the strategic guidelines are implemented comprehensively, EuroHealthNet is optimistic that a serious step forward can be taken from 2007-13 to meet the quality of life and health protection objectives of the EU Treaties, the economic and social cohesion objectives of the Lisbon strategy, and crucially the often expressed needs and ambitions of citizens.

### **Our response**

Following consultation from July to September 2005 of health organisations in thirty countries, we submit two responses to the Communication:

- This headline response to the specific questions asked
- A background commentary on the health elements of the document with references to evidence.

If further information is needed we would be happy to contribute.

Clive Needle  
Director  
September 2005

## **Question 1: to what extent should cohesion policy support the growth and jobs agenda and the Lisbon process?**

### **Evidence**

The correlation between social and economic development and the key determinants of health is well established, not least within the outputs of the EuroHealthNet work funded by the European Commission 2003-5 in the context of the Lisbon agenda.

Relevant reports on promoting social inclusion (including an overview of good practices in the health field) and analysis of health, poverty and social inclusion in Europe can be accessed from [www.eurohealthnet.org](http://www.eurohealthnet.org)

### **Objectives**

From our experience, it is essential that cohesion policy is an integral part of achieving the Lisbon objectives and our concern is that “the dash for growth” should not obscure fundamental health and well being needs and aspirations of citizens.

Therefore the objectives in the guidelines relating to social protection are of equal, not secondary, importance to improving growth and competitiveness.

### **Integration**

In particular, the very welcome focus on health improvement aspects in 4.3.5. (*More & Better Jobs: help maintain a healthy labour force*) and the recognition of the damaging existence of health inequalities should not be so limited but be integrated throughout. It is not just workers that are crucial to economic sustainability within communities: children, excluded and older people must also be considered for well defined social and economic reasons.

The subsequent prioritised points – *preventing health risks and filling in the gaps in health infrastructure* – are consistent with the currently proposed EU public health objectives but do not sufficiently emphasise the pivotal need for social and economic instruments to be used effectively to promote well being, good health and healthy life years, not just the absence of disease or the presence of facilities.

This would apply to spatial planning, investment in human capital, research, alternative transport to car use, provision of community facilities such as mental health or early years expertise, and attention to quality of life factors for workers and investors.

In some countries these approaches are already mainstreamed or prioritised, but there are significant national and regional diversities of need and approach.

Further information on this is available through our *Closing the Gap* work via [www.eurohealthnet.org](http://www.eurohealthnet.org)

## ***Question 2: what new elements might be included?***

### **Participation**

As health bodies have so often been excluded in the past, in order to translate the welcome guidelines into good practice it should be an essential component of planning that the competent bodies are included as well as the more common economic and spatial development contributors.

Therefore we urge that specific reference be made to national and regional bodies that health expertise is included from the outset of planning.

### **Planning**

This would include the appropriate use of health impact assessment (HIA) methodologies. The Commission has been working with the WHO and national authorities to develop effective health impact assessment frameworks (or integrated social, environmental and health approaches) at all levels: there are good practice examples from many member states that may be adopted.

Equally there are too many examples of the human health and economic costs of developments within previous cohesion instruments that may be avoided in future. The argument that such an approach would cause delays and cost jobs is not viable within the EU sustainable development principles and given modern methodologies already in practice.

This should be seen as good public policy and governance practice, not least in predictive economic terms. The guidelines on infrastructure development and governance should include requirements to incorporate HIAs.

If that applies to the initial planning, the other part of the policy cycle should be no less rigorous.

### **Evaluation**

As part of our work on cohesion policies and health we sought evaluated examples of projects and infrastructure developments. We found such data generally difficult or impossible to obtain.

For reasons of transparency, good governance and accountability (to the EU institutions, participating authorities and citizens) we urge the inclusion of a clearer evaluation requirement for all actions within the cohesion framework.

The establishment and maintenance of an accessible, independent database containing evidence of what is happening, what works and what has been less successful should be an important component of the organisation of each element of cohesion policy, covering all instruments.

**Access**

The commission has recently published a communication on access to information and communications technologies (ICT) within its objective of creating a knowledge-based society.

The aims of that approach should be incorporated within cohesion guidelines, so that people with disabilities, those who are older or excluded have equitable access to training and use of ICT. This applies throughout guidelines on investment, job creation and infrastructure development.

**Capacity**

The inclusion of capacity building approaches is welcome and should absolutely include the capacity of health bodies, not just services, to develop and deliver quality provisions on an inclusive basis. This could include health literacy development (the need for citizens to receive and understand key health messages).

***Question 3: what aspects are less relevant?***

Overall, EuroHealthNet welcomes the guidelines as being comprehensive in terms of breadth and has received no comments from national authorities on irrelevance.